DOCUMENT RESUME

ED 289 307 EC 201 268

AUTHOR Geib, Beatrice B.; Chamie, Susan K.
TITLE Diagnosis: The Learning Disabled Adult. Prognosis: A Triage Model for Success.
PUB DATE 14 Mar 86
NOTE 17p.; Paper presented at the Annual International Conference of the Association for Children and Adults with Learning Disabilities (23rd, New York, NY, March 12-15, 1986).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adults; Case Studies; Delivery Systems; Educational Diagnosis; *Educational Therapy; Intervention; *Learning Disabilities; Outcomes of Treatment; *Program Development; *Psychoeducational Clinics; Rehabilitation
IDENTIFIERS Triage Health Care Delivery System

ABSTRACT

The Diagnostic Cognitive/Academic Therapy Program at Newington Children's Hospital (Newington, Connecticut) was designed to accommodate learning-disabled adults with different levels of education, rates of achievement, information processing styles, social backgrounds, and personalities, and to provide services in clinic, home, and work-site settings. A triage model for service delivery was developed for each level of learning disability (mild, moderate, and severe). The model incorporates the components of referral source, presenting problems, adjunct service provision, prescriptive teaching methods and assessments, frequency of intervention, successful outcomes and ancillary gains, and follow-up and monitoring. Use of the model is described in a case study of a severely learning-disabled client with visual perceptual deficits, who was successfully treated with a variety of multi-sensory, prescriptive teaching techniques. (JDD)

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DIAGNOSIS: THE LEARNING DISABLED ADULT

PROGNOSIS: THE TRIAGE MODEL FOR SUCCESS

Beatrice B. Geib

Susan K. Chamie

Beatrice B. Geib, MA, MS, is the director of the Department of Education, Evaluation and Counseling, Newington Children's Hospital, Newington, CT 06111.

Susan K. Chamie, MA, is the Coordinator of the Diagnostic Cognitive/Academic Therapy Clinical Programs in the same department. The authors would like to acknowledge Mr. Selby, his family, his academic therapists and vocational counselors for their support.

The Triage Model for Service Delivery to the Learning Disabled Adult was presented at the 23rd Annual International Conference Association for Children and Adults with Learning Disabilities, New York City, March 14, 1986.

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DIAGNOSIS: THE LEARNING DISABLED ADULT

PROGNOSIS: THE TRIAGE MODEL FOR SUCCESS

With increasing frequency, educators, mental health professionals, parents and other family members are becoming aware of learning disabilities in the adult population. Unfortunately, the dearth of available services, especially after high school graduation (Patton and Polloway 1982), has become as widely apparent.

As with any population, however, the variable demands of adult life upon each person's needs must caution against stereotyping (Gray 1981). Haig and Patterson (1980) conclude that definitive characteristics of the learning disabled adult "do not occur in isolation but appear in patterns unique to each individual." Not only must learning disabled persons cope with the daily practical demands of reading and math, but they often have a history of negative experiences which affects their self-perception, emotional stability, attention span, organizational skills, and vocational adjustment.

The need to provide personalized intervention for learning disabled adults continues to be a priority at the Department of Education, Evaluation and Counseling at Newington Children's Hospital in Connecticut. Despite the hospital's international reputation as a pediatric facility, the Department has received over 600 inquiries and/or referrals for adult services since 1976.

PROGRAM DEVELOPMENT

Initially, the Academic Therapy Program provided remedial training for learning disabled adults. "Teach me to read," the most prevalent referral concern in the 1970s (Geib, et al. 1981), has been replaced with requests for help from an increasing number of adults with diverse characteristics and needs. Because of this, the Diagnostic Cognitive/Academic Therapy Program evolved and was developed. This approach has now been expanded into a triage model which more effectively accommodates adults with different levels of education, rates of achievement, information processing styles, social backgrounds, and personalities that reflect years of frustrated learning.

Individuals who are motivated to attend advanced training and college programs receive tutoring in study skills, associative reasoning, critical thinking, vocabulary usage, and report writing. The program's services also extend outside the Department, when requested. In the home, the therapist can advise the individual on ways to practice these skills and concepts, and at the work site staff members look for specific occupational needs so that the appropriate programs can be developed.

This paper describes the triage model of Diagnostic Cognitive/Academic Therapy and illustrates its use by presenting the case history of one client, Mr. Selby*. He is a person with severe learning disabilities who requires an individualized, structured program of intervention coupled with a personal commitment of extensive and rigorous effort.

THE TRIAGE MODEL FOR SERVICE DELIVERY TO THE LEARNING DISABLED ADULT

For each of the three levels of learning disability--mild, moderate, and severe--this model incorporates a comprehensive evaluation of the individual's problems with diagnostic/prescriptive teaching methods, assessments of progress according to specific criteria, and referrals to other services. The model is shown in Table 1, which is a composite of data gathered from 90 adult and adolescent clients during the period 1980 to 1985. The majority of these clients had moderate learning disabilities (50 to 70%); 20 to 30% had mild learning disabilities, and 10 to 15% had severe disabilities.

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*Although permission has been granted to share his story, "Mr. Selby" is a fictitious name.

Table 1. The Triage Model for Service Delivery to the Learning Disabled Adult

Severity of Learning Disability:	Mild (20-30%)	Moderate (50-70%)	Severe (10-15%)
Referral Source:	College personnel Employer Family member Self	Employer Family member Physician State or social agency Self	Social agency Physician Family member
Presenting Problems:	2-4 year academic delay Weak organizational skills Non-proficient written language Slow reading speed Inefficient reading comprehension Social immaturity Learned compensatory strategies	4-to-6-year academic delay Weak oral language skills Below average reading skills Weak math application Problem in written expression Distractibility Confused reasoning Inappropriate social percepts Inconsistent employment Disorders of memory Weak self-concept	Illiteracy Poor calculation skills Poor abstract reasoning skills Poor problem solving skills Delinquency Reduced motivation Unemployment Low self-esteem
Adjunct Service Provision:	Referrals may be made to: college support personnel, Div. of Vocational Rehabilitation, private counselors, employment sources, self-help groups	Referrals may be made to: college associated training programs, Div. of Vocational Rehabilitation, private counselors, vocational training programs, self-help community groups	Referrals may be made to: Div. of Vocational Rehabilitation, vocational training and workshop programs, family support groups, centers for independent living, occupational therapy
Prescriptive Teaching Methods and Assessments:	Adjunct support for college course work if pertinent; SQ3R & SQ4R Methods Associative reasoning; Improve test-taking skills; Upgrade occupational performance	Cumulative mastery of associative concepts; Developmental sequencing; Task-analysis of each component; Affective growth	Multi-modality with emphasis upon kinesthetic input; Generalization to skills for daily living; Incorporation with vocational training

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Table 1, Cont'd.

Severity of Learning Disability:	Mild	Moderate	Severe
Frequency of Intervention:	1-2 hours weekly with assigned independent study	2-3 hours weekly with assigned independent study	3-6 hours weekly with occasional independent study
Successful Outcomes and Ancillary Gains:	Complete college course work Attain job placement or promotion Organize life demands Enjoy social interaction	Complete equivalency diploma requirements Increase expressive vocabulary Strengthen reading to gain general information Apply math knowledge for daily needs Improve self-concept Gain social perceptiveness	Gain functional reading & math skills Improve social judgment Increase self-motivation Gain consistent employment Avoid incarceration
Follow-Up & Monitoring:	On-going positive reinforcement & verbal feedback Case conferencing with all concerned Six-week written progress reports Conference availability as needed	On-going case management and positive feedback Integrated conference presentations Six-week written progress reports On-site training/ vocational observation Conference availability as needed	Reinforcement and management techniques Multi-disciplinary case conferencing Six-week written progress reports On-site vocational observations Diagnostic home management with technical assistance

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PROFILE OF A SEVERELY LEARNING-DISABLED ADULT SERVICED WITHIN THE TRIAGE MODEL

Reason for Referral

Mr. Selby is now in his mid-forties. We first met him several years ago following his many unsuccessful attempts at completing a formal education. Due to illness, Mr. Selby did not begin school until age 7. He subsequently repeated third grade three times. Frustrated and humiliated due to a lack of specialized educational support, he left school in the eighth grade, unable to read, write, or compute at a functional level.

He then held various manual jobs but always felt a need to improve his academic skills. Attempts to do this through basic adult education courses were not successful. Following several years of employment related to tool-making, Mr. Selby applied to a vocational-technical program through a state-funded school. His ultimate goal was to receive a Journeyman Certificate of Apprenticeship in the Tool and Die Making Trade.

Source of Referral

As he completed interviewing and admission procedures for the technical program, Mr. Selby also began seeking guidance and support

from other specialized sources. A local university professor directed him to the comprehensive assessment program at Newington Children's Hospital.

Presenting Problems

In 1978, Mr. Selby was first seen and evaluated in the Department of Education, Evaluation and Counseling. As a result of these findings, ancillary assessments were subsequently provided by the Departments of Audiology, Neurology, and Psychology at the hospital.

Following these integrative evaluations, the clinical team determined that Mr. Selby was a severely learning disabled individual. Of significant concern were his visual perceptual deficits manifested by directional and sequential letter confusions, (e.g., p/g and pla/pal).

This perceptual dysfunction, despite Mr. Selby's tested average intelligence, intact visual acuity, and normal hearing, had thwarted any consistent academic mastery. This "invisible handicap" had also created ongoing anxiety and heightened his frustration for many years.

Provision of Services

However, not until 1980, when Mr. Selby began taking courses at the vocational-technical school did it become critical for him to secure supplementary and specialized instruction. Because the Connecticut State Department's Division of Vocational Rehabilitation (DVR) had previously helped him to secure funding, he approached his caseworker regarding tutorial intervention.

A treatment plan was formulated between the DVR agency and the Department of Education, Evaluation and Counseling at Newington Children's Hospital. Utilizing an Individualized Educational Plan (IEP), instructional support services were provided through the Diagnostic Cognitive/Academic Therapy program. For four years, Mr. Selby received individualized diagnostic teaching two and three hours a week with written progress reports every three months. The specific pedagogical procedures and materials are described below.

Prescriptive Teaching Materials, Methods, and Assessments

A variety of multi-sensory, prescriptive teaching techniques were used. Selection of the following methods and materials was based on Mr. Selby's auditory processing strengths and visual perceptual deficits:

Gallistel, Fischer and Blackburn, GFB Sequence of Objectives for Teaching and Testing Reading in the Concept Transfer Sequence

Steere, Peck and Kahn, Solving Language Difficulties: Remedial Routines

Mott Basic Skills Language Program, Allied Education Council

Reading for Concepts, Steck-Vaughan Publishers

Ervin, J., Reading Comprehension in Varied Subject Matter.

As Mr. Selby's courses at the trade school became more technical, mathematics was incorporated into his Diagnostic Therapy Program at Newington Children's Hospital. The specialized teaching methods reinforced theoretical concepts presented in Mathematics for Machine Technology, Delmar Publishing Company and Machinery's Handbook, Industrial Press, Inc.

Specialized teaching methods included frequent verbal interaction, repetitive drill, visual cuing, multisensory rehearsal, untimed conditions, three-dimensional figures, a hand-held calculator, and practical application (newspapers, classified advertisements). Using the above, Mr. Selby made significant gains in all academic areas. Tables 2 and 3 compare test results from initial assessment of primary level skills through functional competency.

Table 2.

Test Used	Skill Area	1979	1979	1980	1980	1981
GE Test of Coding Skills:	Single syllables:		(Percent Correct)			
Reading	(cvc)	44	100*	100	100	100
	(ccvcc)	25	80	100	100	100
	(cvce)	60	100	100	100	100
	Soft c,g,s; tch, dge	27	87	87	100	100
	(cvvc)	4	88	88	96	96
	(cvr)	7	80	100	100	100
	Phonetically irregular words	20	60	90	100	100
	Word endings			88	88	100
	cle - suffixes			68	68	76
Spelling	Single syllables: (cvc)	60	100*	90	100	100
	(ccvcc)	10	70	70	80	100
	(cvce)	40	80	80	100	80
	Soft c,g,s: tch, dge	40	80	60	60	60
	(cvvc)	0	7	27	53	67
	(cvr)	20	40	40	60	100
	Word endings	0	100	100	100	100
	Phonetically irregular words	20	60	60	80	80
	cle - suffixes			60	60	80

*Mastery = 80% accuracy

Table 3.

Test Used	Skill Area	Jan. 1980	Sept. 1980	Jan. 1981	Aug. 1982	May 1983	Feb. 1984	Sept. 1984
Wide Range Achievement Test	Spelling	3.9	4.3	3.9	6.7	----	----	----
	Mathematics	5.5	9.6	9.6	7.8	10.6		
	Reading	---	---	4.7	7.2	----	----	----
Peabody Individual Achievement Test	Reading comprehension	4.5	4.7	5.8	5.8	5.2	5.8	6.2
	Reading recognition	---	---	---	---	5.8	6.2	6.6
Spache Diagnostic Reading Scales	Context and comprehension	---	---	---	6.5	---	---	---

Successful Outcomes

As Mr. Selby's academic skills increased, the scope of his program was expanded to include exercises that would strengthen his proficiency in completing application forms, carrying out instructions on the job, and using technical manuals. Because he was now able to perform higher level occupational tasks, his work responsibilities increased. These, in turn, reinforced positive self-esteem and extended his capacity to tolerate frustration. He also practiced examples of problem-solving that he could apply to work situations. Fortified by his new skills and successes, he was able to accurately complete independent assignments at work. This new behavior was in marked contrast with his previous pattern of confusion, frustration, and abandonment.

By spring, 1984, after five years of intensive academic therapy, Mr. Selby had finished all his courses and training at the vocational technical school. He was awarded his Journeyman Certificate in the Tool and Die Trade. Everyone who had worked with Mr. Selby shared his excitement and pride, especially in view of his subsequent employment in a large manufacturing plant.

Following this achievement, Mr. Selby began inquiring about the examinations he would need to take to earn his General Educational Development Diploma (GED). He met with his Academic Therapist and the test administrator from the State Department of Education. It was decided that conventional test-taking should be modified for him. The compensatory procedures included the following:

- Practice tests would be provided before the final examination was given.
- Directions for test-taking would be given on cassette tapes.
- A state GED administrator would be available to give verbal instructions, if necessary.
- Extra time would be allowed to complete the test.

Through the Diagnostic Academic Therapy Program, Mr. Selby spent several additional sessions to prepare for this new scholastic challenge. Currently, he is reviewing materials to complete the General Educational Development Tests.

CONCLUSION

As professionals, we are often asked to discuss the methods and materials we have used successfully with learning disabled adults. Although such resources are certainly valuable and effective, it is the perseverance and dedication of the learner that most often paves the pathway to academic achievement.

Throughout Mr. Selby's many years of defeat, frustration, and repeated attempts at formal education, he remained motivated and firmly resolved to continue his pursuit. He is highly commended for working with many different therapists and educators during several hundred hours of academic intervention and vocational training. Without his sustained effort, his success would never have become a reality.

This remarkable individual can provide inspiration and a personal challenge to the many mature learners possessing the "invisible handicap." Mr. Selby's sincerity and concern remain apparent. He recently commented, "If this article helps one person, it will all be worth it."

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